

Entered - 10-17-01 - sb
CL 01L0661 - GWENDOLYN BURNS

CLAIM OF: **ALLSTATE INSURANCE COMPANY**
as subrogee of **Raymond I. Halaby**
P.O. Box 227257
Dallas, Texas 75222-7257


01- R-1819

For vehicular damages alleged to have been sustained as a result of an automobile accident on August 28, 2001 at Lenox Road, NE & Crane Road, NE.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ALLSTATE INSURANCE COMPANY as subrogee of Raymond I. Halaby** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on August 28, 2001 at Lenox Road, NE & Crane Road, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0661

Date: October 31, 2001

Claimant /Victim RAYMOND I. HALABY
BY: (Atty) (Ins. Co.) ALLSTATE INSURANCE COMPANIES
Address: P.O. Box 227257, Dallas Texas 75222-7257
Subrogation: X Claim for Property damage \$ 5,349.13 Bodily Injury \$
Date of Notice: 10/10/01 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/28/01 Place: Lenox Road, NE & Crane Road, NE
Department PARKS, RECREATION & CULTURAL AFFAIRS Division Parks
Employee involved Walter Porter Disciplinary Action: Oral Admonishment & Defensive Driving Class

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a city vehicle. The city employee was cited for "improper backing".

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report X Other
Traffic citations issued: City Driver X Claimant Driver
Citation disposition: City Driver Claimant Driver

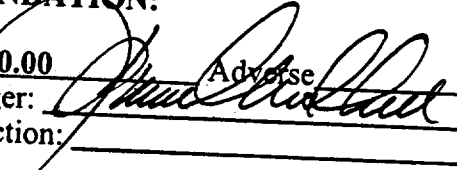
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Advise Account charged: 1A01 X 2J01 2H01
Claims Manager:  Concur/date 11-01-01
Committee Action: Council Action



Allstate.

You're in good hands.

BURNS
10/10/01
Gwen
10/03/01

ALLSTATE INSURANCE COMPANY
P.O. BOX 149290
IRVINE TX 75014

(800) 374-4244

ENTERED - 10-17-01 - SB
0110661 - GWEN BURNS

CITY OF ATLANTA
55 TRINITY AVE SW
ATLANTA GA 30335

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER, THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SURRENDER OF CLAIM. PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP OF THIS LETTER.

SINCERELY,

SUBROGATION CLAIM REP

ALLSTATE INSURANCE COMPANY

000-1

YOUR FILE NO. : 00282001
YOUR INSURED : CITY OF ATLANTA -
ADDRESS : 1115 NORTH AVE NW
ATLANTA GA 30319

OUR CLAIM NO. : 4086189455 XSH
OUR INSURED : RAYMOND I HALABY
LOSS DATE : 08/28/01

LOCATION :
CRANE RD, LENNOX RD

ATLANTA

GA

AMOUNT OF LOSS : \$5,349.13

915
972-979-51665

Sanbay
Drune